

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09 761596

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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10	1	0				
11	1					
12	1					
13	1					
14	1					
15	1					
16	1					
17	1					
18	1					
19	1					
20	1					
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TOTAL IND.	1					
TOTAL DEP.	10	↔	↔	↔	↔	
TOTAL CLAIMS	11	████████	████████	████████	████████	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			████	████	████	████
TOTAL DEP.		↔	↔	↔	↔	
TOTAL CLAIMS		████████	████████	████████	████████	

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

# CLAIMS ONLY

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT'S

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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TOTAL IND.			↓		↓	
TOTAL DEP.	←	←	←	←	←	←
TOTAL CLAIMS	1	2	3	4	5	6

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			↓		↓	
TOTAL DEP.	←	←	←	←	←	←
TOTAL CLAIMS	1	2	3	4	5	6

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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